

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 5:</b> General Case Management	<b>Effective Date:</b> May 1, 2008
	<b>Section 8:</b> Developing the Case Plan	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: 306.6</b>
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The Indiana Department of Child Services (DCS) will have an Indiana Child Welfare Information Services (ICWIS) approved Case Plan within 45 days of removal or disposition, whichever comes first for:

1. Every child who has been adjudicated a Child in Need of Services (CHINS);
2. All children with an open case type;

**Note:** For children participating in a program of Informal Adjustment (IA), the signed informal adjustment agreement serves as the Case Plan.

3. Children who are at imminent risk of removal; or
4. A juvenile delinquent or status offender for whom DCS has been ordered to pay for the placement, and the child is IV-E eligible.

DCS will seek input from professionals who may not be members of the Child and Family Team (CFT) but have expertise relating to the child and family's strengths and needs (e.g., physicians, mental health professionals, school personnel, and other community service providers), for the purpose of developing the Case Plan.

DCS will work with the parent/guardian/custodian, extended family, child (if age and developmentally appropriate), and the CFT, if applicable, in developing the Case Plan.

**Exception:** DCS will not involve the parent in the case planning process if parental rights have been terminated or they cannot be located after diligent effort. See separate policies, [5.3 Engaging the Family](#) and [5.4 Noncustodial Parents](#).

DCS must include the resource parent(s) and Court Appointed Special Advocate (CASA) in developing the Case Plan, if they are not already members of the CFT.

DCS will ensure that the Case Plan is updated at least every 180 days from the effective date of the previous plan and anytime there is a significant change (e.g., change in placement, identified needs, change in permanency plan, parents failure to participate in services, parents cannot be located, etc.).

#### Code References

1. [IC 31-34-15: Case Plan](#)
2. [42 USC 675\(1\) and \(5\)](#)
3. [45 CFR 1356.21\(g\) Case plan requirements](#)

## PROCEDURE

The Family Case Manager (FCM) will:

1. Convene a CFT meeting, if applicable for the development of the Case Plan with the required parties:
  - a. Parent/guardian/custodian (including noncustodial parent),
  - b. Child (if age appropriate and developmental level),
  - c. Resource parent(s) (if applicable),
  - d. CASA,
  - e. Licensed Child Placing Agencies (LCPA) - if applicable, and
  - f. DCS FCM and his/her supervisor.
2. Schedule and convene a Case Plan conference, if all required parties (resource parent(s) and Guardian Ad Litem (GAL)/CASA) are not part of the CFT;
3. Develop the case plan, and:
  - a. Specify the activities or tasks to be undertaken, the person(s) responsible for each task, and the time frames for achieving the goals, objectives, and tasks,
  - b. Develop/update the Safety Plan while helping the parents gain the confidence and capacity needed to care appropriately for the child. See [Chapter 4: Assessment](#),
  - c. Ensure that the plan is realistically related to the underlying needs of the family,
  - d. Prioritize the goals and service delivery based on the immediate safety needs of the child and the risk of future child abuse or neglect (CA/N), and
  - e. Recognize the importance of both formal and informal community supports to the family.
4. Complete the Case Plan in Indiana Child Welfare Information System (ICWIS);
5. Obtain required signatures on the approved Case Plan from the required parties:
  - a. Parent/guardian/custodian (including noncustodial parent),
  - b. Child (if age appropriate and developmental level),
  - c. Resource parent(s) (if applicable),
  - d. CASA,
  - e. Licensed Child Placing Agencies (LCPA) - if applicable
  - f. Residential treatment provider – if applicable, and
  - g. DCS FCM and his/her supervisor.
6. Mail or hand deliver a copy of the signed Case Plan within 10 days of completion to the above required parties as well as the following:
  - a. Additional persons specifically identified in the plan who will play a role in implementing the Case Plan, and
  - b. Service providers outlined in the Case Plan.
7. File a copy of the signed Case Plan with the court at the next Periodic Case Review.

The Supervisor will:

1. Provide input into Case Plan development as needed;
2. Ensure the Case Plan development process is completed in a timely fashion; and
3. Review and approve the Case Plan prior to its distribution.

## PRACTICE GUIDANCE

1. N/A

## FORMS AND TOOLS

1. [Case Plan \(SF 2956\) – Available in ICWIS](#)

## RELATED INFORMATION

### **Parent/Guardian/Custodian Not Available/Refuses to Participate in Case Planning**

The FCM must document in ICWIS the efforts made to involve both parents/guardian/custodian. Despite a parent/guardian/custodian's refusal to participate in the development of the Case Plan, the FCM must provide a copy of the document to the parent/guardian/custodian and ask him/her to review and sign it.

### **Elements of the Case Plan**

1. **Objectives**

Objectives are statements of direction and are sometimes referred to as goals. The objectives in a Case Plan describe desired states or outcomes. In the child and family team process, identifying objectives is a powerful process that creates energy and direction leading to change. The objectives become the map or foundation for change. The team then identifies formal and informal supports to meet the stated objectives.

2. **Strengths**

A child/family's available past and present experiences, assets, interests, resources and preferences provide strengths to meet needs. Strengths are more than value states such as "she loves her child" (inventory). Strengths identified as resiliency, experiences, assets, interest, or qualification, are strengths that can be applied in building the action steps of a plan (functional).

3. **Needs**

A need may be a requirement that is essential to all human beings such as the need for shelter, food, affiliation or nurturance. A need is often a description of the underlying conditions that may be the source of the symptoms or the behavioral expressions of problems that a family may be encountering.

4. **Activities**

Activities represent the agreement we have with self and others. Activities are the pathways to meeting the needs and achieving our objectives, Activities should be meaningful enough to motivate the person toward an action and an achievement. Activities should be reasonable enough for people to have confidence in accomplishing the defined task(s). Activities should be clear enough so that members within and outside the team share a common understanding of what is to be achieved. Activities should define the "who, what, how, where, and when" of the planning process.

- a. Activities are behaviorally specific, provide clear direction, concrete, measurable, and observable,
- b. Activities are built around the strengths of the family and other CFT members,
- c. Activities are progressive, moving from the simple to the complex, and
- d. Activities include the person(s) responsible and the target completion date for each activity.<sup>1</sup>

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<sup>1</sup> Paragraphs on Goals, Strengths, Needs and Activities are adapted from the Planning Curriculum, The Child Welfare Policy and Practice Group.

